



**Multi-Vendor Temporary Event Application**

Name of Sponsor: \_\_\_\_\_

Sponsor Address: \_\_\_\_\_

Food Coordinator: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Details of Event:**

Name of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Anticipated Attendance (Total) \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ Hours of Food Service: \_\_\_\_\_

No. of Food Booths \_\_\_\_\_

**Directions:**

The event applicant must complete this application and any following attachments. The application must be completed and submitted with payment to the Aspetuck Health District 14 business days prior to the start of the event.

If a temporary multi-vendor event application is submitted less than 14 business days before the event is scheduled, a late fee of \$55 will be applied to any other required fee.

\_\_\_\_\_  
*For Office Use Only*

**Paid**    Cash     Check     Check Number \_\_\_\_\_

Date Application Approved:	Date Permit Issued:	Date Mailed/Delivered:
By:	By:	By:

**Notes/Conditions:**

**Please fill in the information below:**

1. Will hot and cold running water be made available to vendors participating in this event?

Yes  No

2. Will hand washing facilities be made available to vendors participating in this event?

Yes  No

If not, describe the number, location and set-up of hand washing stations to be used by food vendors.

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3. Describe the availability of toilet facilities.

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4. Describe the number, location and type(s) of garbage disposal containers at the event.

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5. Will electricity be available for vendor use at the event?

Yes  No

If yes, describe how electricity will be provided at the event: \_\_\_\_\_

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6. Please provide any additional information about what you will be doing that should be considered.

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Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the regulatory office may nullify final approval.

Signature (s) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



## Attachment 2: Event Layout Sketch

Sketch the event layout locating food booths, hand wash station locations, trash receptacles, etc.

